FILED
Jun 14, 2004 8:00 am
Secretary of State
05-03-2004 90142 032 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000019437

1. Entity Name
HOME-OX OF FLORIDA, LLC

Principal Place of Business	Mailing Address
230 LOOKOUT PLACE SUITE 100 MAITLAND, FL 32751 US	230 LOOKOUT PLACE SUITE 100 MAITLAND, FL 32751 US

04282004 Chg-LLC CR2E063 (10/03)

2. Principal Place of Business	3. Mailing Address
4111 SW 34th St.	4111 SW 34th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando FL
Zip: 32811 Country: USA	Zip: 32811 Country: USA

4. FEI Number: 20-0040504 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILKINS, ROBERT C. 230 LOOKOUT PLACE SUITE 100 MAITLAND, FL 32751	Name: Barbara Lee Street Address (P.O. Box Number is Not Acceptable): 4121 SW 34th Street City: Orlando FL Zip Code: 32811

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Barbara Lee 4/30/04
Signature, typed or printed name of registered agent and, if applicable, the office. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition President James M. Loftis 1040 Gardner Rd Ste B1 Charleston SC 29407
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Secretary Barbara J Lee 4121 SW 34th Street Orlando FL 32811
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Controller Sonya Roberts 4121 SW 34th Street Orlando FL 32811
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Compliance Officer Sonja McCubbins 826 Chris Dr Columbia SC 29169
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: W P Kennedy 4/28/04 (407) 599-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #